

General Billing Information for Clinicians

Adaptive Biotechnologies understands that each patient's situation is unique. We are committed to providing guidance and support during each step of the insurance and billing process. Adaptive believes every qualified patient who could benefit from the clinical insights provided by next-generation measurable residual disease (MRD) testing should have access to the clonoSEQ® Assay, regardless of their insurance or financial status. Adaptive accepts all types of insurance plans and offers a Patient Support Program for eligible patients.

GENERAL INFORMATION

For Medicare Patients

Medicare covers clonoSEQ testing when pre-determined criteria are met under a National Coverage Determination (NCD), Local Coverage Determination (LCD), or Local Coverage Article (LCA). The Centers for Medicare & Medicaid Services (CMS) requires non-covered patients to complete an Advance Beneficiary Notice (ABN) prior to receiving testing services. You can access the full coverage policy details for clonoSEQ via the [CMS website](#). Completed ABN forms can be uploaded to the Adaptive Diagnostics Portal, included with a sample submitted for testing, or faxed to our Clinical Services team at 1-866-623-4408. For more information or to download an ABN form, visit www.clonoSEQ.com/ordering or www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html.

Following testing, in most situations, Medicare will be billed directly by Adaptive Biotechnologies.

For Commercially Insured Patients

We accept all insurance plans; depending on the type of insurance your patient has, coverage for clonoSEQ testing may differ. If the insurance company sends payment directly to your patient, please have them forward the check to Adaptive as soon as possible. In the event a patient's insurance company denies coverage for clonoSEQ testing, Adaptive will work on their behalf to pursue appropriate appeals and obtain coverage. Additional information to support the appeal process may be needed from your office (i.e. letter of medical necessary, medical records) and/or the patient (i.e. patient consent to appeal).

For Uninsured Patients

Adaptive will bill patients directly for testing services. Please inform your patients that they can apply for assistance or inquire about a payment plan through Adaptive Assist™, our Patient Support Program.

About the Adaptive Assist Patient Support Program

Our Patient Support Program is designed to help facilitate access to clonoSEQ testing services. For billing questions, to learn more about payment plan options, or to discuss eligibility requirements for financial assistance, patients can visit www.Adaptive-Assist.com or call our Patient Support team at 1-855-236-9230.

For an overview of Adaptive's billing process, please see reverse.

clonoSEQ is available as an FDA-cleared *in vitro* diagnostic (IVD) test service provided by Adaptive Biotechnologies to detect measurable residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). clonoSEQ is also available for use in other lymphoid cancers as a CLIA-validated laboratory developed test (LDT) service. For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.

Our Billing Process



1 The process begins when the clinician provides complete and accurate patient insurance information on the clonoSEQ Test Requisition Form that accompanies each sample submitted for testing.



2 Once clonoSEQ testing is completed, the patient results will be delivered directly to the ordering physician via our secure Diagnostics Portal (or via secure fax).



3 Adaptive bills the patient's insurance company.



4 The billing process can be lengthy and during this time your patient's insurance company will likely send an Explanation of Benefits (EOB). The EOB is not a bill.



5 After receiving clonoSEQ testing, Adaptive will send your patient an initial claim notification letter that details our billing and appeals process and includes a form that needs to be signed and returned to Adaptive. This form is necessary so we can submit appeals on their behalf if needed.



6 The patient's insurance company will send payment to Adaptive for testing services. Your patient may be responsible for a deductible, co-payment, and/or co-insurance as required by their insurance plan and federal/state regulations.

Questions about our billing process? Contact our Patient Support Team at 1-855-236-9230. Representatives are available Monday to Thursday 9AM to 7PM and Friday 9AM to 5PM ET.